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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP98/08429 12/23/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 197 57 974.4 12/24/1997

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

7278

**TITLE**

METHOD AND MEASURING DEVICE FOR DETERMINING BLOOD PRESSURE

FILING FEE RECEIVED 1650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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